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DATE:

PTO IDENTIFIER: Application Number 10/054,605-Conf. #8304  
Patent Number

Inventor: Chao-Kun Hu

MESSAGE TO: US Patent and Trademark Office

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FROM: CONNOLLY BOVE LODGE &amp; HUTZ LLP

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Attorney Dkt. #: YOR919990336US2/20140-00300-US

PAGES (Including Cover Sheet): 14

CONTENTS: Reply Brief (4 pages)  
Request for Oral Hearing Before BPAI (1 page);  
Fee Transmittal (1 page);  
Certificate of Transmission under 37 CFR 1.8 (1 page); and  
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PTO/SB/97 (12-97)  
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Reply Brief (4 pages)  
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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket No. (Optional) YOR919980336US2(20140-00300-US)	
In re Application of Chao-Kun Hu			
Application Number 10/054,605-Conf. #8304		Filed November 13, 2001	
For REDUCED ELECTROMIGRATION AND STRESS INDUCED MIGRATION OF COPPER WIRES BY SURFACE COATING			
Art Unit 2815		Examiner P. E. Brock	

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) \$ 290.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0510. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.


I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96).

☐ attorney or agent of record.  
Registration number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 24,852

  
Signature

Burton A. Amernick  
Typed or printed name

(202) 331-7111  
Telephone number

2-17-04  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

PTO/SB/17 (10-03)  
Approved for use through 7/31/2008. OMB 0651-0032  
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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		290.00	
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<b>Complete if Known</b>	
Application Number	10/054,605-Conf. #8304
Filing Date	November 13, 2001
First Named Inventor	Chao-Kun Hu
Examiner Name	P. E. Brock
Art Unit	2815
Attorney Docket No.	YOR919990336US2(20140/003)

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
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<input checked="" type="checkbox"/> Deposit Account:		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number	50-0510		
Deposit Account Name	IBM CORPORATION (YORKTOWN)		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
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<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	395	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	190	80	Provisional filing fee	
<b>SUBTOTAL (1)</b> (\$)					0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims		Fee from below	Fee Paid
Independent Claims					
Multiple Dependent					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	2202	18	9	Claims in excess of 20	
1201	2201	96	43	Independent claims in excess of 3	
1203	2203	290	145	Multiple dependent claim, if not paid	
1204	2204	96	43	** Reissue independent claims over original patent	
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b> (\$)					0.00

Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b> (\$)		290.00	

\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature		Telephone	(202) 331-7111
		Date	2-12-04